## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		67334	1/5/00
O.I.P.E. CLASSIFIER	~	0,00	5/1/21-00
FORMALITY REVIEW	(b)	111090	12/2/3/10
RESPONSE FORMALITY REVIEW			7-57

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
	Allowed	- 1	Interference
	(Through numeral) Canceled	Α	Appeat
÷	Restricted	0	Objected

÷ Restricted 0									
Claim Date	Claim	Date	Claim	Date					
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211	52		102						
311	53		103						
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	55		105						
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	68	<del></del>	118						
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20 L N	70		120						
21	71		121						
22	72		122						
23	73		123						
24	74		124						
25	75		125						
26	76		126						
. 27	77		127						
28	78		128						
29	79		129						
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33	83		133						
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42	92		143	<del> - - - - - -</del>					
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47	97		147	<del>                                     </del>					
48	98	<del>                                      </del>	148	<del>                                     </del>					
49	99		149	<del> - - - - -</del>					
50	100		150						

If more than 150 claims or 10 actions staple additional sheet here

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